

For Office Use Only: **LVN**

Amount _____

Date Rec'd _____

Date App expires _____

Texas Board of Nursing

333 Guadalupe, Ste. 3-460, Austin, TX 78701-3944
Phone: 512-305-7400 -- Web Site: www.bon.texas.gov

Endorsement Application for Licensed Vocational Nurses

For Office Use Only:

FBI HX: ☐ Yes ☐ No

Temp Lic# _____

Texas Lic# _____

SECTION A: Applicant Information

Last Name (Print): _____ First Name: _____

Middle Name (will appear on license): _____ Previous Name(s): _____

(Address) _____ (City) _____ (State/Country) _____ (Zip/Postal Code) _____

(E-Mail Address) _____ (Phone Number) _____

Social Security Number: _____ - _____ - _____ Date of Birth: _____ / _____ / _____
Mo Day Yr

Gender: ☐ Male ☐ Female **Ethnicity:** ☐ African American ☐ Asian ☐ Caucasian ☐ Hispanic ☐ Native American ☐ Other

Name of BASIC LVN/LPN Nursing School Attended: _____ Grad Date: _____ / _____
Mo Yr

Location of Nursing School: _____
(City) (State/Province) (Country)

Type of Basic LVN/LPN Education Program: ☐ VN/PN Program ☐ Other : _____

Indicate which of the following national licensed vocational/practical examination(s) you have written and passed?

☐ SBTPE - State Board Test Pool Examination ☐ NCLEX - National Council Licensure Examination

Date: _____ Physical Location of Exam: _____ State you tested for: _____

List ALL STATE(S)/PROVINCES/TERRITORIES/COUNTRIES where you **hold or have ever held** a permanent LVN/LPN license or been granted authority to practice as an LVN/LPN (regardless of status) as a Licensed Vocational/Practical Nurse. Note: Not listing all previous licenses may delay processing. List Exam State **first**, followed by all other licenses. Please attach a separate sheet if you need additional space.

License Number State/Province/Territory/Country

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License Number State/Province/Territory/Country

License Number State/Province/Territory/Country

License Number State/Province/Territory/Country

Applicant's Signature: _____

Date: _____

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Endorsement Application for **Licensed Vocational Nurse**

Applicant Name : _____

Social Security Number : _____ - _____ - _____

SECTION B: Eligibility Questions

A) [] No [] Yes Have you practiced nursing by using your nursing knowledge, skills, and abilities as a licensed vocational/practical nurse within the past four (4) years?

B) [] No [] Yes Have you ever held a Texas Licensed Vocational Nurse License?

1) [] No [] Yes *For any criminal offense, including those pending appeal, have you:

- A. been convicted of a misdemeanor?
- B. been convicted of a felony?
- C. pled nolo contendere, no contest, or guilty?
- D. received deferred adjudication?
- E. been placed on community supervision or court-ordered probation, whether or not adjudicated guilty?
- F. been sentenced to serve jail or prison time? court-ordered confinement?
- G. been granted pre-trial diversion?
- H. been arrested or have any pending criminal charges?
- I. been cited or charged with any violation of the law?
- J. been subject of a court-martial; Article 15 violation; or received any form of military judgment/punishment/action?

(You may only exclude Class C misdemeanor traffic violations.)

NOTE: Expunged and Sealed Offenses: While expunged or sealed offenses, arrests, tickets, or citations need not be disclosed, it is your responsibility to ensure the offense, arrest, ticket or citation has, in fact, been expunged or sealed. It is recommended that you submit a copy of the Court Order expunging or sealing the record in question to our office with your application. Failure to reveal an offense, arrest, ticket, or citation that is not in fact expunged or sealed may subject your license to a disciplinary order and fine. Non-disclosure of relevant offenses raises questions related to truthfulness and character. (See 22 TAC §213.27)

NOTE: Orders of Non-Disclosure: Pursuant to Tex. Gov't Code § 552.142(b), if you have criminal matters that are the subject of an order of non-disclosure you are not required to reveal those criminal matters on this form. However, a criminal matter that is the subject of an order of non-disclosure may become a character and fitness issue. Pursuant to Gov't Code chapter 411, the Texas Nursing Board is entitled to access criminal history record information that is the subject of an order of non-disclosure. If the Board discovers a criminal matter that is the subject of an order of non-disclosure, even if you properly did not reveal that matter, the Board may require you to provide information about any conduct that raises issues of character and fitness.

2) [] No [] Yes *Are you currently the target or subject of a grand jury or governmental agency investigation?

3) [] No [] Yes Has any licensing authority ever refused to issue you a license or ever revoked, annulled, cancelled, accepted surrender of, suspended, placed on probation, refused to renew a professional license, certificate or multi-state privilege held by you now or previously, or ever fined, censured, reprimanded or otherwise disciplined you?

4) [] No [] Yes *Within the past five (5) years have you been diagnosed with, treated, or hospitalized for schizophrenia and/or psychotic disorder, bipolar disorder, paranoid personality disorder, antisocial personality disorder, or borderline personality disorder?

If "**YES**" indicate the condition:

- | | |
|---|--------------------------------------|
| [] schizophrenia and/or psychotic disorders, | [] bipolar disorder, |
| [] paranoid personality disorder, | [] antisocial personality disorder, |
| [] borderline personality disorder | |

5) [] No [] Yes *Within the past five (5) years have you been addicted to and/or treated for the use of alcohol or any other drug?

*Pursuant to the Texas Occupations Code §301.207, information, including diagnosis and treatment, regarding an individual's physical or mental condition, intemperate use of drugs or alcohol, or chemical dependency **and** information regarding an individual's criminal history is confidential to the same extent that information collected as part of an investigation is confidential under the Texas Occupations Code §301.466.

NOTE: IF YOU ANSWERED "YES" TO #1-5 PLEASE REFER TO SECTION B OF THE INSTRUCTIONS

Applicant's Signature: _____

Date: _____

Page 2 of 3

Endorsement Application for **Licensed Vocational Nurse**

Applicant Name : _____

Social Security Number : _____ - _____ - _____

SECTION C: Nurse Compact Declaration

In accordance with the Nursing Practice Act, section 304.001, art. 4 and 22 TAC §220.2, check one of the following:

- ☐ **I declare Texas as my primary state of residence and I have provided a Texas address.** I am eligible for a Compact Texas License (if applicable, once you receive the Texas license, your other compact state license(s) will be inactivated).
- ☐ **I declare Texas as my primary state of residence but I have not provided a Texas address.** I am eligible for a Single State Texas License only.
- ☐ **I am declaring a Non-Compact State as my primary state of residency.** My permanent residence is a state not participating in the Nurse Licensure Compact. I am eligible for a Single State Texas License only. (You may visit https://www.ncsbn.org/Implementation_dates_list.pdf for a listing of participating states) I declare that the State of _____ is my primary state of residence and that such constitutes my permanent and principal home for legal purposes.
- ☐ **I am declaring another Compact State as my primary state of residence.** Therefore, I understand that I cannot receive a Texas license at this time (temporary or permanent), but I wanted to get the process started. I will submit a Sworn Declaration of Primary State of Residence form when my primary residence changes to Texas or a non-compact state. I declare that the State of _____ is my primary state of residence and that such constitutes my permanent and principal home for legal purposes.
- ☐ **I am employed exclusively in the US military (Active Duty) or with the U.S. Federal Government and am requesting a Texas single-state license regardless of my primary state of residence.** I declare that the State of _____ is my primary state of residence and that such constitutes my permanent and principal home for legal purposes.

Upon licensure in Texas, in which state(s) do you intend to practice (list all states that apply);

electronically _____,
telephonically _____, or
physically _____.

Attestation/Consent to Release & Use of Confidential Records

I, the Nurse Applicant whose name appears within this application, acknowledge this is a legal document and I attest that I understand & meet all the requirements to practice for the type of licensure requested, as listed in 22 Texas Administrative Code, Chapter 217 (Licensure, Peer Assistance and Practice) and §§213.27, 213.28, 213.29 and 213.33. Further, I understand that it is a violation of the 22 Texas Administrative Code, §§ 217.12 (6) (I) and the Penal Code, sec 37.10, to submit a false statement to a government agency; and I consent to release of confidential information to the Texas Board of Nursing and further authorize the Board to use and to release said information as needed for the evaluation and disposition of my application.

I understand that if I have any questions regarding this affidavit I should contact an attorney or the appropriate professional health provider. I will immediately notify the Board if at any time after signing this affidavit I no longer meet the eligibility requirements.

Applicant's Signature: _____

Date: _____ / _____ / _____

TEXAS BOARD OF NURSING

333 Guadalupe – Suite 3-460, Austin, Texas 78701
(512) 305 - 7400

ENDORSEMENT APPLICATION INSTRUCTIONS FOR LICENSED VOCATIONAL/PRACTICAL NURSES

Read all application instructions: To avoid a delay in the application process, please answer each question and follow each of the instructions carefully. An initial application is reviewed for a **temporary license** within fifteen business days of receipt of application and fee. Temporary licenses cannot be extended for any reason; you are issued one per lifetime regardless of the number of times a person applies. An application is not reviewed for a **permanent license** until all requirements are met and fees are received. An incomplete application could delay approval for the temporary and/or permanent license.

Requirements for licensure in the State of Texas

1. Completion of an approved school of **vocational/practical nursing** (per Rule 217.5 (a)(1)) with a minimum grade of "C" in all nursing courses. If you were educated internationally, then our office will need to receive a Credential Evaluation Service (CES) Full Education course- by-course report from the Commission on Graduates of Foreign Nursing Schools (CGFNS), the Educational Records Evaluation Service, Inc. (ERES) **or** the International Education Research Foundation, Inc. (IERF) validating the type of nursing program you completed. **Note: If you were educated as a Registered Nurse, then you are not eligible to apply for an LVN license unless you meet the below exception.**

LVN endorsement applicants who meet all of the following criteria qualify for an exception to Board Rule 217.5 (a)(1):

- Must have **graduated** from an approved **RN** nursing program
- Must have **passed** the appropriate VN/PN NCLEX Exam approved by the TXBON
- Have not incurred any discipline from another nursing jurisdiction;
- **And** must have worked **actively** as a VN/PN a minimum of ten (10) years before applying to Texas for LVN Licensure.

NOTE: If you took your NCLEX Examination prior to graduating from an approved nursing program you **MUST** submit either a copy of your diploma or a statement with your application. The statement must include your name, the name of the nursing program, type of degree completed, and entry date and graduation date. **TRANSCRIPTS WILL NOT BE ACCEPTED FOR VERIFICATION OF NURSING EDUCATION.** Failure to include this information will result in a delay in processing your application for temporary or permanent licensure.

2. Graduation from high school or hold G.E.D. certificate
3. Satisfactorily completed curriculum components (didactic and clinical) comparable to the requirements of the Board of Nursing, including but not limited to:
 - Adult Medical/Surgical Nursing
 - Nursing Care of Children
 - Maternity Nursing
 - Mental Health/Mental Illness
 - Pharmacology
4. Licensure from another U.S. state or territory which has requirements equivalent to Texas.
5. Must have been employed as a licensed vocational nurse or have taken and passed the appropriate LVN examination during the past four (4) years. If you passed a national exam more than four years ago, and you **have not been** employed as a licensed vocational nurse in another state within the last four (4) years, then you must comply with Rule 217.5 (b).
You will need to first:
 - Apply for a Six-Month Temporary Permit (<http://www.bon.texas.gov/olv/pdfs/6mth-lvn.pdf>) and
 - Complete a board approved refresher course
 - Complete the Texas Nursing Jurisprudence Exam (NJE) in addition to one of the following:
 - the online Texas Board of Nursing Jurisprudence Prep Course,
 - the Texas Board of Nursing Jurisprudence and Ethics Workshop, or
 - Texas Board of Nursing approved Nursing Jurisprudence and Ethics course.

It is the nurse's responsibility to submit both of the completion certificates (NJE and choice of prep course/workshop/course) to our office.

You will be granted access to the NJE within fifteen business days of the date we receive the Six-Month Temporary Permit application. **Note: If you complete the NJE as part of the requirements for the Refresher Course, then the passing results can be used for the Endorsement application portion as well.**

The following links provide more information: (Rules and Regulations) <http://www.bon.texas.gov/nursinglaw/rr.html>, (NJE) <http://www.bon.texas.gov/olv/je.html>, (NJE Prep Course) <http://www.bon.texas.gov/olv/je-course.html>, (Workshop/Course) <http://www.bon.texas.gov/disciplinaryaction/stipscourses.html>.

6. A satisfactory score in **one** of the following examinations:

State Board Test Pool Examination (SBTPE) - score of 350 and above.

National Council Licensure Examination for Practical Nurses (NCLEX-PN®)

The Board Constructed Examination is not recognized by the Texas Board of Nursing. Applicants who took this test will be denied a license by Endorsement.

STOP: *If you DO NOT MEET (1) through (7) of the above requirements, then you are NOT ELIGIBLE FOR LICENSURE BY ENDORSEMENT IN THE STATE OF TEXAS. To see if you are eligible to take the NCLEX for Texas please visit <http://www.bon.texas.gov/olv/examination.html>.*

Note: *If you have previously held a Texas LVN nursing license, you are not eligible to apply by Endorsement. You should either renew or reactivate the Texas license you once held. Go to <http://www.bon.texas.gov/olv/renewals.html> for more information regarding this process*

SECTION - A: (APPLICANT INFORMATION)

1. Print in black ink or type your information on the Endorsement Application. The application will be accepted only if information is printed legibly.
2. Sign and date the *Attestation/Consent to Release & Use of Confidential Records* statement on page 3.
3. Attach the individual required fee of **\$186.00** (check must be drawn on a US Bank, US Money Order or Canadian Postal Money Order, and be made payable to the Texas Board of Nursing - **DO NOT SEND CASH**). **The fee is non-refundable.** Note: The Board is unable to process checks and/or money orders made out for more than one application. Furthermore, submitting an application and payment at separate times will delay processing. Incomplete applications will not be processed.
4. Criminal background checks are performed on all applicants for Licensure in Texas. A criminal background check must be completed through the Department of Public Safety (DPS) and the Federal Bureau of Investigation (FBI) based on the set of fingerprints you provide to MorphoTrust. **The BON cannot accept fingerprint cards or criminal background check results mailed by the applicant, or results that were completed for another facility, even if the previous check was completed through DPS and FBI.** The following information will assist you in submitting the required fingerprints to our office:

For applicants residing in Texas, The instructions on the Fast Pass labeled 'Applicants residing in Texas' will assist you in scheduling your appointment. Log on to the IdentoGO website, <http://www.identogo.com> or call 1-888-467-2080. If you are scheduling by phone, you will need to request an "Electronic Fingerprint Submission" appointment. You will be prompted by IdentoGO for the following additional personal data: Date of Birth, Sex, Race, Ethnicity, Skin Tone, Height, Weight, Eye Color, Hair Color, Place of Birth and Home Address. Requested data is required by TXDPS and FBI to process the background check.

All necessary fields on the attached FAST Pass must be completed and taken to your appointment along with a valid state issued identification. During the fingerprint appointment you will be prompted for Social Security Number and Driver License Number. You will also be required to have your photograph taken at the time of the appointment. Once the appointment is completed you will be provided with a signed receipt which includes the Tracking Control Number (TCN); please retain this receipt for your records. The fingerprints, demographic information, and photograph will be sent to TXDPS for processing. Once the background check is completed, the Criminal History Record Information, based upon the fingerprint submission, will be provided electronically to the BON via a Secure Website account.

Note: MorphoTrust (IdentoGO) cannot transmit electronic submissions from MorphoTrust sites located outside the state of Texas. If you are located outside the State of Texas then follow the directions below.

For applicants residing outside Texas, You will need to use the FAST Pass labeled 'Applicants residing outside of Texas' and obtain a standard FBI fingerprint card from the BON, a local law enforcement agency, embassy, or IdentoGo Service Center near you. You will need to locate a fingerprinting service in your area to complete the fingerprinting card with your fingerprint images. You will then register your ink card submission by logging on to the IdentoGO website, <http://www.identogo.com> or by calling 1-888-467-2080. If you are scheduling by phone, please request an "Electronic Fingerprint Submission". You will not schedule a fingerprint appointment; you are only registering your ink card submission. When registering your submission you will be prompted for the following additional personal data: Date of Birth, Sex, Race, Ethnicity, Skin Tone, Height, Weight, Eye Color, Hair Color, Place of Birth and Home Address. Individual's signature and registration identification number (RegID) must be on the FAST Pass form. Please print legibly. Requested data is required by the Texas Department of Public Safety to process your background check. All the information requested on the form is required.

You will need to obtain a complete, legible set of fingerprints on the approved fingerprint card. The cost for obtaining an ink card may vary and is not included in the Texas Background check fee. Cards must be mailed to the vendor. The following information regarding person whose record is to be searched, must be completed on the fingerprint card. Please print legibly: Printed last name, first name, middle name of individual, including all alias names. Sex, race, date of birth, Social Security Number and the individual's signature must be on the fingerprint card. Please note that IdentoGo Service Centers outside the State of Texas cannot submit fingerprints electronically for a Texas background process.

Mail Fingerprint Card and FAST Pass to:

MorphoTrust USA
Attn: Texas Card Scan
3051 Hollis Drive, Suite 310
Springfield, IL 62704

The Texas Board of Nursing does not make judgments regarding the fingerprints that are submitted. Occasionally DPS and/or the FBI will notify the BON that the fingerprints submitted were not usable and/or readable and therefore have been rejected. You will be notified that a rejection has been received and another set of fingerprints is required. The BON can only submit a request to initiate a name search on your behalf if our office has received two (2) quality rejections from the FBI. A rejection for any other reason (i.e. smudging, impressions too light etc.) would not count towards this requirement.

5. Within fifteen business days of receipt of the completed paper application and fee, the Texas Board of Nursing will issue a one-time 120 day temporary license (If eligible). The temporary license cannot be extended. To receive a permanent license, the applicant must do the following:

- A. Complete the required criminal background check as directed in Step 4 of this section.
- B. Provide a verification of license (VOL) from **any and all** U.S. states and territories where you hold or have ever held an LVN/LPN license. It is irrelevant if the license is inactive or delinquent in your former state(s) of licensure, you still must provide the VOL. For internationally educated and licensed nurses, you must provide a VOL from that country/territory/province as well. Please see the instructions below for the VOL procedure.
- C. All applicants by endorsement must **pass** the Texas Nursing Jurisprudence Examination. You must pass this examination prior to being issued a permanent license.

Instructions on taking the Texas Nursing Jurisprudence Examination: Fifteen business days after you submit the endorsement application and fee to the Texas Board of Nursing, you will be eligible to take the online nursing jurisprudence exam at www.bon.texas.gov/olv/je.html. Follow the instructions to log on and complete the examination.

The examination is based on the Texas Nursing Practice Act (NPA) and the Texas Board of Nursing Rules and Regulations. We recommend that you view a copy of the NPA and Board Rules and Regulations from our website by going to www.bon.texas.gov and click on "Nursing Law and Rules". An online jurisprudence prep course is available on the Board's website: <http://www.bon.texas.gov/olv/je-course.html>. This course is voluntary and contains information about the NPA and Rules and Regulations of the Texas BON. You may also purchase a hard copy of the NPA and Rules and Regulations by downloading the Publications Order form from our website under "download other paper applications and forms". (Return the form and fee to the address located at the top of the form).

The examination is a maximum of two hours in length. If you are not successful in passing the examination or if the system locks up, you may retake the examination again after 24 (twenty-four) hours has elapsed from the previous attempt. The cost of the examination is included in your application fee. Again, you must pass this examination before the Texas Board of Nursing will issue the permanent license.

Note: If you completed the NJE as part of the requirements for the Refresher Course, then the passing results can be used for the Endorsement application portion as well.

SECTION - B: ELIGIBILITY QUESTIONS

If you answered yes to questions 1-5 of the Eligibility Questions on page 2, you must provide the Board with the following information:

***QUESTION #1.** The Board has determined that criminal behavior is highly relevant to an individual's fitness to practice nursing. Therefore, all criminal convictions or deferred orders, prosecution, or adjudication-a determination by a court that is withheld or delayed for a specific time period, must be reported to the Board. This question includes offenses under the law of another state, federal law, or the Uniform Code of Military Justice that contains elements of criminal conduct. SUBMIT a personal letter of explanation describing each incident, the behavior that led up to the criminal order and your conduct since the order, and any rehabilitative efforts that have been performed since the order. The document must be signed and dated. In addition, SUBMIT the following documentation for **all** felonies, **all** misdemeanors, and all military actions:

Certified copies of:

1. charges (indictment, information, or complaint);
2. disposition of charges (Judgment, Order of Probation, Sentence, and/or Deferred orders); and
3. evidence that the conditions of the court have been met.

(To obtain this documentation, contact the county clerk in the jurisdiction where the order was issued for misdemeanors; district court clerk for felonies. If the record does not exist, you must obtain a statement from that court that the document has been destroyed or could not be located.)

You may answer "NO" to the question of prior convictions only if you: (a) received a pardon; or (b) were adjudicated as a minor without a finding of "delinquent conduct". If you were ever required to register as a sex offender, you must answer "YES".

If you have questions regarding the outcome of any criminal matter, consult your attorney.

***QUESTION #2.** The Nursing Practice Act provides that a person's conduct in violation of the Nursing Practice Act or rules of the Board may be considered as a factor in its deliberations regarding fitness to practice nursing. Therefore, if a licensee or applicant is the subject of a grand jury or governmental agency investigation, the information regarding conduct or behavior giving rise to the investigation may be relevant in determining a violation of the Nursing Practice Act or lead to the admissibility of relevant evidence of such violation. If you are the subject of a grand jury or governmental agency investigation, please SUBMIT the name and address of the investigating entity and an explanation as to the basis of the investigation.

***QUESTION #3.** The Board has determined that if any licensing authority has taken disciplinary action against a person for any reason, then those actions are highly relevant to an individual's current ability to practice nursing in the state of Texas. If any licensing authority has refused to issue a license, revoked, annulled, cancelled, accepted surrender of, suspended, placed on probation, refused to renew a license, certificate, or multi state privilege held by you or previously fined, censured, reprimanded or otherwise disciplined you, SUBMIT the names and address of the licensing authority who has taken action and a letter explaining the background of the action. Additionally, SUBMIT certified copies of

1. formal charges or allegations supporting the licensure action;
2. final disposition of the licensing authority regarding those formal charges or allegations; and
3. evidence that the conditions of the licensing authority's order or requirements have been met.

***QUESTION #4.** The practice of nursing requires current fitness. The Board has identified certain disorders which, if occurring within the last 5 years, may indicate a lack of fitness. The disorders are: schizophrenia and other psychotic disorders, bipolar disorder, paranoid personality disorder, anti-social personality disorder, or borderline personality disorder. If you have been diagnosed, treated, or hospitalized for any of the above illnesses within the last 5 years, submit the following information that will allow the Board to conduct an individualized assessment of your ability to practice safely, competently, and without impairment to your professional judgment, skill, or knowledge.

1. A report, on letterhead, from your physician, psychiatrist, psychologist or counselor, sent directly to this office, that includes: your diagnosis; treatments rendered; including current medications; prognosis; cognitive, affective, and emotional stability and continuing after-care recommendations, including reasonable accommodations needed to safely practice nursing, if any; and,
2. Verification of compliance with aftercare recommendations.

Please be advised that a physical/psychological evaluation may be requested as part of your individualized assessment. The evaluation process is described in more detail at www.bon.texas.gov/disciplinaryaction/eval-guidelines.html. The evaluation process could potentially delay consideration of your application. Therefore, the Board is providing advance notice of this possibility so that applicants may contact the Board to schedule an evaluation at the beginning of the application process. By doing so, the application should not be unduly delayed. An applicant is not required to contact the Board in advance of Board consideration of the application. The applicant may choose to wait for a specific decision by the Board that a specific evaluation is necessary. This information is being provided to put applicants on notice with respect to this potential requirement and afford the applicant the opportunity to expedite the process if he/she so desires.

***QUESTION #5.** The practice of professional nursing requires current sobriety and fitness. If you have been addicted to or treated for the use of alcohol or any other drug within the last five years, SUBMIT:

1. verification of treatment for substance abuse sent directly to the Board from the treatment center;
2. verification of compliance with aftercare recommendations;
3. evidence of continuing sobriety/abstinence, for example, current support group attendance and random drug testing results; and
4. a personal letter of explanation with sobriety date and plan for relapse prevention.

The paperwork will be submitted for the initial review in the Operations Department within fifteen business days of the application, endorsement fee, background check results, and pertinent documentation being received. This initial review can take up to 30 days. If it is determined that the issue being reported to the BON meets the criteria for opening a case according to our current rules, you will be required to pay a \$150.00 review fee. Your file will be transferred to our Enforcement Department for review once the payment is received. This review may take a minimum of four months. The BON **will not** approve an applicant for permanent licensure until a decision has been rendered by our Enforcement Department.

*Pursuant to the Texas Occupations Code §301.207, information, including diagnosis and treatment, regarding an individual's physical or mental condition, immoderate use of drugs or alcohol, or chemical dependency **and** information regarding an individual's criminal history is confidential to the same extent that information collected as part of an investigation is confidential under the Texas Occupations Code §301.466.

SECTION - C: NURSE COMPACT DECLARATION

The Texas Board of Nursing entered into a Nurse Licensure Compact which allows nurses in Texas the privilege of practicing in participating Compact states. As part of the process of initiating multi-state licensure, all applicants for licensure in Texas must declare their primary state of residence and all states where you are practicing or intend to practice. For information on multi-state licensure, please read the enclosed document titled "FAQs - Multistate Recognition - Nurse Licensure Compact".

PROCEDURE FOR THE VERIFICATION OF LICENSURE (VOL) FORM(S) ARE AS FOLLOWS:

Requesting a verification of license from a Nursys participant:

If you hold or have ever held an LVN/LPN license in any of the states that participate in the national database NURSUS, go to www.nursys.com to complete a verification request and pay the appropriate fee. Once you complete that process, the Texas BON will have access to the needed license verification report (To view a list of the participating states go to www.nursys.com and click on "participating board of nursing"). **You will need to provide a verification of licensure from the state in which you took the NCLEX Examination, regardless if they issued a license; the NCLEX Results are not acceptable for the purpose of verifying an applicant took and passed the NCLEX.**

TEXAS BOARD OF NURSING VERIFICATION OF LICENSURE FORM:

If you hold or have ever held an LVN/LPN license in any other state/nursing jurisdiction(s), **other than those listed on the NURSUS website**, you **MUST** submit the Texas Board of Nursing Verification of Licensure Form to that appropriate state/nursing jurisdiction(s) for completion. If you need to submit this form to multiple nursing boards/nursing jurisdictions, you will need to copy the form and forward the form to those nursing boards/nursing jurisdictions. Call the state/nursing jurisdiction to inquire about their verification procedure and required fee.

For Internationally licensed nurses: If you currently have or have ever held a nursing license, or been granted authority to practice nursing from a country other than the United States, you must request a verification of licensure from that state, country, province or territory. Verification must come directly from the licensing authority. We will also accept a license verification contained in a Credential Evaluation Service (CES) Full Education course-by-course report from the Commission on Graduates of Foreign Nursing Schools (CGFNS), the Educational Records Evaluation Service, Inc. (ERES) or the International Education Research Foundation, Inc. (IERF). The verification of licensure must be contained in the CES and must have been validated within **one year** of the date the application for endorsement is filed with the Texas Board of Nursing. You may access this service by going to one of the following websites: www.cgfns.org, www.eres.com or www.ierf.org.

IMPORTANT: *Verification of licensure must be received from **ALL** states/provinces/territories and/or countries to obtain permanent licensure in the State of Texas. We recommend that you check with each nursing board regarding fees and/or other criteria. Note: A copy of the nursing license(s) is not considered to be an official verification.*

You must provide a verification of licensure from the state in which you took the NCLEX even if you were not licensed in that state. NCLEX Results are not acceptable for the purpose of verifying an applicant took and passed the NCLEX.

The length of the application process for permanent license depends on how long it takes for all states/provinces/ territories and/or countries of licensure to submit the verification form(s) directly to the Texas Board of Nursing and to receive results from both the FBI/DPS check, and the NJE. This application and all other documentation are valid for **one (1) year** starting from the date the paperwork was received in our office. Therefore, the process must be completed within this time frame, or you will have to complete a new application, submit a new fee, along with other requirements as needed.

Note: The only exceptions are the nursing jurisprudence examination and the criminal history results which are valid indefinitely so long as final results were received from both DPS and the FBI.

Applicants may check the status of their applications online at www.bon.texas.gov/olv/applstatus.html and view the items that have been received or are still pending.

REGISTERED NURSES: *You will need to submit a separate RN application in order to have authority to practice as a Registered Nurse. Check our website for more information at <http://www.bon.texas.gov>.*

FAQs - Multistate Recognition - Nurse Licensure Compact

1. How and Why Did The Nurse Licensure Compact Begin?

The United States Congress passed the Telecommunications Act of 1996 in response to the rapidly increasing practice of healthcare by electronic means. The Telecommunications Act called for development of standards and an infrastructure for telecommunications in healthcare. The nursing regulatory model in place at that time required a nurse to obtain licensure in each state where the nurse wished to practice. In addition to the obvious bureaucratic constraints of this model, the Texas Board also had no authority to take action against a nurse's license if a patient in Texas was harmed by a nurse practicing remotely in another state.

In response to the mandate of the Telecommunications Act, the National Council of State Boards of Nursing (NCSBN) embarked on a 3-year journey to develop a model of Multistate nursing licensure recognition that would "remove regulatory barriers to increase access to safe nursing care." The RN and LVN/LPN Nurse Licensure Compact began January 1, 2000, when it was passed into law by the first participating states: Maryland, Texas, Utah and Wisconsin.

2. How Does This Multistate Licensure Model Work?

It is very similar to the driver's license model. A person holding a driver's license in his/her home state is permitted to drive in other states without applying for a driver's license in every state he/she drives through. Though requirements for a driver's license are similar across states, each state may determine and vary its own licensure requirements. The Nurse Licensure Compact is similar in that it allows a nurse licensed in one "home" compact state to practice in a party compact state without seeking an additional nursing license. Another similarity to the driver's license model is that the Nurse Licensure Compact is implemented through laws passed by the legislature of each participating state. The essence of any state Compact law must permit the nursing board of that state to recognize individuals licensed as nurses from other participating compact states.

In order to enjoy the multistate licensure privilege, the Compact requires that the nurse be licensed in the state in which he/she permanently resides. This license is known as a home state license. The nurse must meet the licensure criteria of his/her home state in order to obtain and retain multistate licensure recognition (MSR) privileges on his/her home state nursing license.

Other states belonging to the Nurse Licensure Compact are known as "Party" states because their state governments have also agreed to recognize nurses licensed in other compact-member states. This recognition allows a nurse to practice in a party state on his/her home state license. A nurse practicing in another party state pursuant to the multistate privilege must comply with the state practice laws of the state in which the patient is located at the time care is given.

3. What Happens If A Nurse Moves To Another State?

A nurse can hold a home state license in only one state at a time. If a nurse changes permanent residence from one party state to another party state, then the nurse must relinquish licensure in the previous state of residence and apply for licensure in the new home state. Rule 220.2 (f) permits a nurse to practice on a home state license other than Texas for a maximum of 90 days when the nurse is changing permanent residence. Under the Compact, the nurse may move back to his/her previous party state and re-establish licensure or move to another party state and apply for licensure there.

If a nurse moves to a state that has not enacted or does not recognize the Compact, the previous home state license converts to a Single-State license valid only in the former home state. A single-state nursing license does not entitle the nurse to practice under multistate privilege in other party states.

4. What About Disciplinary Action Against A Nurse's License?

The Compact is enforceable as law and cannot be changed without the consent of all party states. In Texas, Chapter 304 of the Nursing Practice Act and Board Rule 220 establish the requirements regarding the Nurse Licensure Compact.

A nurse practicing in a party state will be subject to the nursing practice laws and regulations of that remote party state. The nurse must know and conform to the laws, rules and regulations affecting his/her practice in the remote party state. If a nurse violates the Nursing Practice Act (NPA) or rules of the party state, the nursing board of the party state may revoke or restrict the nurse's privilege to practice in that state, but cannot directly sanction the nurse's home state license.

Violations of nursing practice occurring in a remote party state will be reported to the nurse's home state nursing board. The home state nursing board will then investigate and take appropriate disciplinary action for a violation that occurred in a party state. Administrative procedures according to individual state law, including due process rights of a nurse, will apply to disciplinary proceedings related to violations occurring under a compact license privilege.

The shared goal of all US nursing boards is to protect public health and safety through the regulation and monitoring of nursing education and practice. A coordinated licensure information system called NURSUS promotes ongoing attainment of this goal through access to information on the licensing and disciplinary history of each nurse. A party state must submit information on any current significant investigation, action against a nurse's compact privilege, or any denials of applications for licensure.

5. What is the impact of the Nurse Licensure Compact?

Mutual recognition of a nurse's license in states belonging to the Compact increases nurse mobility and facilitates delivery of health care by innovative communication practices such as telenursing. Additionally, the Compact promotes the public health and safety by encouraging cooperative efforts among the party states in nurse licensing and regulation. As more state legislatures enact the Nurse Licensure Compact, the number of party states will increase and the nation will move closer to allowing one home state license to grant a nursing privilege nationwide.

For questions regarding the Compact or its impact on your nursing license, contact BON staff at (512) 305-6809 or e-mail via webmaster@bon.texas.gov. General questions about the Compact language or the concept of mutual recognition of licensure can be obtained from the National Council of State Boards of Nursing website at <https://www.ncsbn.org/156.htm>.

Texas Board of Nursing

333 Guadalupe, Ste. 3-460, Austin, TX 78701-3944
Phone: 512-305-7400 -- Web Site: www.bon.state.tx.us

Verification of Licensed Vocational/Practical Nurse Licensure Form

A P P L I C A N T	<p>APPLICANT: Complete this section of the form and forward it to the state in which you were licensed. There may be a fee charged for completion of this verification form. You may wish to contact the State Board before forwarding this form for completion.</p> <p>_____ Name: (Last, First, Middle) _____ Maiden Name _____</p> <p>_____ Address: (Street, City, State and Zip Code) _____</p> <p>_____ Name of Basic Nursing Program _____ Date of Graduation _____</p> <p>Type of Basic Nursing Program: <input type="checkbox"/> VN/PN Program <input type="checkbox"/> Other _____</p> <p>_____ Original License No. _____ Date Issued _____ Social Security No. _____</p> <p>I hereby authorize the _____ Board of Nursing to furnish the Texas Board of Nursing the information requested below.</p> <p>Date: _____ Signature: _____</p>
B O A R D	<p>DO NOT WRITE BELOW THIS LINE – FOR LICENSING AGENCY ONLY</p> <p>This is to certify that the above named individual was issued license number: _____ to practice Vocational/Practical Nursing on: _____ (Date of Licensure)</p> <p>Licensed by: Examination _____ Current licensure status: Active _____ Endorsement _____ Inactive _____ Waiver _____ Delinquent _____ Date _____</p> <p>License Expires: _____</p> <p>Has this license ever been encumbered in any way? (revoked, suspended, surrendered, restricted, limited, placed on probation) YES _____ NO _____ If yes, attach certified copy of order(s).</p> <p>Examination results: SBTPE/NCLEX form _____ Results _____ Board _____ Constructed _____ Score _____</p> <p>Nursing _____ Education _____ Program _____ completed: _____ _____ Location: _____ _____ Graduation _____ Date: _____ Was _____</p> <p>school of nursing <u>state</u> approved at the time of graduation? YES _____ NO _____</p> <p>Is school currently open? YES _____ NO _____</p> <p>(SEAL) _____ Signature: _____ Title: _____</p>



FOR APPLICANTS RESIDING IN TEXAS

The Texas Department of Public Safety has entered into an exclusive contract with MorphoTrust, which operates over 80 Identogo Centers around Texas, to provide statewide electronic fingerprinting. The goal of the Fingerprint Applicant Services of Texas (FAST) Program is to provide convenient applicant fingerprinting services throughout the state of Texas. Identogo is committed to a 98% classifiable rate which means quality prints, less rejections, and quick responses. Appointments are available by scheduling on-line at <http://www.identogo.com> or by calling **1-888-467-2080**. The cost of this service is \$9.95 plus a \$31.50 fee for the State and National Criminal History Record Information. Fees associated with the F.A.S.T. service may be paid online with a credit card or onsite with a check or money order made payable to MorphoTrust USA only. (Cash is not accepted.)

Here is how to get started:

1. **You will need to follow the instructions on the FAST Pass labeled 'Applicants Residing in Texas' to schedule an appointment** by logging on to the Identogo website, <http://www.identogo.com> or by calling **1-888-467-2080**. If you are scheduling by phone, you will need to request an **"Electronic Fingerprint Submission"** appointment.

When scheduling an appointment you will be prompted by Identogo for the following additional personal data: Date of Birth, Sex, Race, Ethnicity, Skin Tone, Height, Weight, Eye Color, Hair Color, Place of Birth and Home Address.

✦ *Requested data is required by the TXDPS and the FBI to process the background check.*

2. All necessary fields on the FAST Pass must be completed. You will need to bring the completed FAST Pass and valid State Issued Identification to your appointment. During the fingerprint appointment you will be prompted for Social Security Number and Driver License Number. You are also required to have your photograph taken at the time of the appointment.

✦ *Requested data is required by the TXDPS and the FBI to process the background check.*

3. Once the appointment is completed you will be provided with a signed receipt which includes the Tracking Control Number (TCN), please retain this receipt for your records.
4. The fingerprints, demographic information, and photograph will be sent to TXDPS for processing and returned to the BON via a Secure Website account.



Fast Pass Applicants Residing In Texas Texas Board of Nursing

This document is your *FAST Fingerprint Pass* for a state and national criminal history record check. Please schedule a fingerprint appointment by visiting <http://www.identogo.com> or by calling 1-888-467-2080. When scheduling an appointment you will be prompted by IdentoGO for the following additional personal data: Date of Birth, Sex, Race, Ethnicity, Skin Tone, Height, Weight, Eye Color, Hair Color, Place of Birth and Home Address. During your Fingerprint appointment you will also be prompted for Social Security Number and Driver License Number. Requested data is

required by the Texas Department of Public Safety to process your background check. These data elements have been omitted from this document in order to better protect the security of your personal information. You may pay for *FAST* services online with a credit card or onsite with a check or money order only made payable to MorphoTrust USA. (Cash is not accepted.) Your fingerprints will be submitted to the Texas Department of Public Safety and the Federal Bureau of Investigation.

1. Logon to <http://www.identogo.com>
2. Select: **Texas**
3. Select: **Online Scheduling**
4. Select: **English or Espanol**
5. Enter: **First and Last Name**
6. Select: **All Others**
7. Select: **Option A – Electronic Submission**
8. Select: **Yes, I have a FAST Fingerprint Pass**
9. Enter: **TX920440Z**
10. Enter: **Application ID**
11. Follow the prompts to enter requested information
12. Bring this completed form with you to your appointment

Section One: Qualified Entity Information

ORI#: **TX920440Z**

Original TCN: _____
(If resubmission for rejected fingerprints)

Agency/Entity/Organization Name: Texas Board of Nursing

Section Two: Applicant Name (To be completed by applicant)

Last: _____ First: _____ Middle: _____
(Please print) (Please print) (Please print)

Section Three: Waiver Information (To be completed and signed by applicant)

I certify that all information I provided in relation to this criminal history record check is true and accurate. I authorize the Texas Department of Public Safety (DPS) to access Texas and Federal criminal history record information that pertains to me and disseminate that information to the designated Authorized Agency or Qualified Entity with which I am or am seeking to be employed or to serve as a volunteer, through the DPS Fingerprint-based Applicant Clearinghouse of Texas and as authorized by Texas Government Code Chapter 411 and any other applicable state or federal statute or policy. I authorize the Texas Department of Public Safety to submit my fingerprints and other application information to the FBI for the purpose of comparing the submitted information to available records in order to identify other information that may be pertinent to the application. I authorize the FBI to disclose potentially pertinent information to the DPS during the processing of this application and for as long hereafter as may be relevant to the activity for which this application is being submitted. I understand that the FBI may also retain my fingerprints and other applicant information in the FBI's permanent collection of fingerprints and related information, where all such data will be subject to comparisons against other submissions received by the FBI and to further disseminations by the FBI as may be authorized under the Federal Privacy Act (5USC 552a(b)). I understand I am entitled to obtain a copy of any criminal history record check and challenge the accuracy and completeness of the information before a final determination is made by the Qualified Entity. I also understand the Qualified Entity may deny me access to children, the elderly, or individuals with disabilities until the criminal history record check is completed. If a need arises to challenge the FBI record response, you may contact the agency that submitted the information to the FBI, or you may send a written challenge request to the FBI's Criminal Justice Information Services (CJIS) Division at FBI CJIS Division, Attention: Correspondence Group, 1000 Custer Hollow Road, Clarksburg, WV 26306.

Signature: _____ Date: _____

Section Four: Service Center Information (To be completed by FAST Enrollment Agent)

Date Prints Taken _____ Amount Charged For Service: **_\$41.45_**

Paid by: ☐ Check ☐ Money Order ☐ Visa ☐ MasterCard ☐ Billing Acct _____

TCN: _____



I HAVE COMPARED THE GOVERNMENT-ISSUED IDENTIFICATION PRESENTED BY THE APPLICANT AND ATTEST THAT TO MY BEST DETERMINATION; I HAVE FINGERPRINTED THE SAME PERSON.

E.A. Name: _____ E.A. Signature: _____
(Please print)



FOR APPLICANTS RESIDING OUTSIDE TEXAS

The Texas Department of Public Safety has entered into an exclusive contract with MorphoTrust, which operates over 80 IdentoGO Centers around Texas, to provide statewide electronic fingerprinting. The goal of the Fingerprint Applicant Services of Texas (FAST) Program is to provide convenient applicant fingerprinting services throughout the state of Texas. IdentoGO is committed to a 98% classifiable rate which means quality prints, less rejections, and quick responses. Appointments are available by scheduling on-line at <http://www.identogo.com> or by calling **1-888-467-2080**. The cost of this service is \$9.95 plus a \$31.50 fee for the State and National Criminal History Record Information. Fees associated with the F.A.S.T. service may be paid online with a credit card or onsite with a check or money order made payable to MorphoTrust USA only. (Cash is not accepted.)

Here is how to get started:

Applicants residing outside the State of Texas or the United States will follow the steps below:

- a) **A completed FAST Pass Form:** You will need to follow the instructions on the FAST Pass labeled 'Applicants Residing Outside of Texas' to register your ink card submission by logging on to the IdentoGO website, <http://www.identogo.com> or by calling **1-888-467-2080**. If you are scheduling by phone, please request an "Electronic Fingerprint Submission". **You will not schedule a fingerprint appointment; you are only registering your ink card submission.**

When registering your submission you will be prompted by for the following additional personal data: Date of Birth, Sex, Race, Ethnicity, Skin Tone, Height, Weight, Eye Color, Hair Color, Place of Birth and Home Address.

Individual's signature and registration identification number (RegID) must be on the FAST Pass form. Please print legibly.

- ✦ *Requested data is required by the Texas Department of Public Safety to process your background check. All the information requested on the form is required.*

A Completed Fingerprint Card: you will need to obtain a complete, legible set of fingerprints on a DPS approved fingerprint card which may be obtained from a local law enforcement agency, embassy or IdentoGo Service Center near you. You can visit <http://www.identogo.com> or call 1-888-467-2080 to locate an IdentoGo Service Center in your area to obtain an **ink card** for submission, or you can request one from the BONs website at <http://www.bon.texas.gov/olv/web-requests.asp>

*The cost for obtaining an ink card may vary and is not included in the Texas Background check fee. **Cards must be mailed to the vendor, fingerprints cannot be submitted electronically from outside the State of Texas.***

The following information regarding person whose record is to be searched, must be completed on the fingerprint card. Please print legibly:

- Printed last name, first name, middle name of individual, including all alias names.
- Sex, race, date of birth, Social Security Number.
- Individual's signature must be on the fingerprint card.

Mail Fingerprint Card and FAST Pass to:

MorphoTrust USA
Attn: Texas Card Scan
3051 Hollis Drive, Suite 310
Springfield, IL 62704



Fast Pass

Applicants Residing Outside of Texas

Texas Board of Nursing

This document is your *FAST Fingerprint Pass* for a state and national criminal history record check. Please register your fingerprint submission by visiting <http://www.identogo.com> or by calling 1-888-467-2080. **When registering your fingerprint submission you will be prompted by IdentoGO for the following additional personal data: Date of Birth, Sex, Race, Ethnicity, Skin Tone, Height, Weight, Eye Color, Hair Color, Place of Birth, Driver License Number and Home Address. Requested data is required by the Texas Department of Public Safety to process**

your background check. These data elements have been omitted from this document in order to better protect the security of your personal information. You may pay for *FAST* services online with a credit card or by mail with a check or money order only made payable to MorphoTrust USA. (Cash is not accepted.) Your fingerprints will be submitted to the Texas Department of Public Safety and the Federal Bureau of Investigation.

1. Logon to <http://www.identogo.com>
2. Select: **Texas**
3. Select: **Online Scheduling**
4. Select: **English or Espanol**
5. Enter: **First and Last Name**
6. Select: **All Others**
7. Select: **Option A – Electronic Submission**
8. Select: **Yes, I have a FAST Fingerprint Pass**
9. Enter: **TX920440Z**
10. Select: **Pay for Ink Card Submission**
11. Follow the prompts to enter requested information.
12. Write in: **RegID** _____
13. Mail in this completed form with your completed Fingerprint Card to the address below.

Section One: Qualified Entity Information

ORI#: **TX920440Z**

Original TCN: _____
(If resubmission for rejected fingerprints)

Agency/Entity/Organization Name: Texas Board of Nursing

Section Two: Applicant Name (To be completed by applicant)

Last: _____ (Please print) First: _____ (Please print) Middle: _____ (Please print)

Section Three: Waiver Information (To be completed and signed by applicant)

I certify that all information I provided in relation to this criminal history record check is true and accurate. I authorize the Texas Department of Public Safety (DPS) to access Texas and Federal criminal history record information that pertains to me and disseminate that information to the designated Authorized Agency or Qualified Entity with which I am or am seeking to be employed or to serve as a volunteer, through the DPS Fingerprint-based Applicant Clearinghouse of Texas and as authorized by Texas Government Code Chapter 411 and any other applicable state or federal statute or policy. I authorize the Texas Department of Public Safety to submit my fingerprints and other application information to the FBI for the purpose of comparing the submitted information to available records in order to identify other information that may be pertinent to the application. I authorize the FBI to disclose potentially pertinent information to the DPS during the processing of this application and for as long hereafter as may be relevant to the activity for which this application is being submitted. I understand that the FBI may also retain my fingerprints and other applicant information in the FBI's permanent collection of fingerprints and related information, where all such data will be subject to comparisons against other submissions received by the FBI and to further disseminations by the FBI as may be authorized under the Federal Privacy Act (5USC 552a(b)). I understand I am entitled to obtain a copy of any criminal history record check and challenge the accuracy and completeness of the information before a final determination is made by the Qualified Entity. I also understand the Qualified Entity may deny me access to children, the elderly, or individuals with disabilities until the criminal history record check is completed. If a need arises to challenge the FBI record response, you may contact the agency that submitted the information to the FBI, or you may send a written challenge request to the FBI's Criminal Justice Information Services (CJIS) Division at FBI CJIS Division, Attention: Correspondence Group, 1000 Custer Hollow Road, Clarksburg, WV 26306.

Signature: _____ Date: _____

Section Four: Fingerprint Cards and Payment

Your fingerprint cards must include the following personal data: Date of Birth, Sex, Race, Height, Weight, Eye Color, Hair Color, Place of Birth, Home Address, and Social Security Number. Requested data is required by the Texas Department of Public Safety to process your background check. Mail your card and payment (if not paid online) to:

MorphoTrust USA
Attn: Texas Card Scan
3051 Hollis Drive, Suite 310
Springfield, IL 62704

RegID: _____
(provided at the end of online registration)

Amount Charged For Service: **_\$41.45_**

Paid by: ☐ Check/Money Order (mailed in) ☐ Credit Card (online)

Applicants wishing to verify that a fingerprint card has been processed may call (888) 467-2080 and speak with a customer service representative. Please allow 3 days from date of mailing before contacting MorphoTrust USA Enrollment Services regarding processing status.